

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042444

STATE FILE NUMBER

Registration District No.

317

Primary Registration District No.

543

Registrar's No.

3078

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED OCT 30 1963

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JENNINGS. MO		Length of stay in 1b	c. CITY OR TOWN JENNINGS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hallsterry Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1042 ST. Cyr Road
3. NAME OF DECEASED (Type or print) First Edward Middle Strey Last Strey		4. DATE OF DEATH Month 10 Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-13-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Portland Cement	9. AGE (last birthday) 79
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. [REDACTED]	14. NAME OF HUSBAND OR WIFE Mary
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:30 a.m. PM Month, Day, Year 10-6-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from AUG 17, 1963 to OCT. 6, 1963 and last saw him alive on OCT. 6, 1963 Death occurred at 6:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Theodore J. Repp, Jr., M.D. (Degree or title)		22b. ADDRESS 9311 Dunbar Dr. 37,	22c. DATE SIGNED 10/7/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-9-63	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem	23d. LOCATION (City, town, or county) ST. LOUIS Co. MO (State)
24. FUNERAL DIRECTOR O'SULLIVAN-MUCKLE-KRON MORTUARY 8806 JENNINGS ROAD		25. DATE RECD. BY LOCAL REG. 10-7-63	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.

Theodore Reysp. Un 8 3800
9311 Decembe Jc 35856
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.